

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.H.</i>	<i>12492</i>	<i>3/14/00</i>
O.I.P.E. CLASSIFIER			<i>3-14-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SB</i>	<i>55222</i>	<i>5-8-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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